



## Introducing Anthem Vision

*Effective January 1, 2005, you can get great savings on your vision care needs. Sign up today... contact State of Maine Employee Health & Benefits at 800-422-4503 or 207-287-6780 for more information*

**State of Maine Employee Health & Benefits gives you the option of purchasing vision benefits at a low-cost group rate.**

### ***Anthem Vision Offers:***

- \$120 (retail) frame benefit\*
- \$105 contact lens benefit\*
- Additional savings through preferred pricing arrangements on frames, lenses, contact lenses and accessory items.
- A choice of network optometrists, ophthalmologists, opticians and retail providers (including LensCrafters).
- Easy access to your benefit, with no claim forms for in-network services.
- It's easy to locate participating vision providers: contact our toll-free customer service number at (866) 768-5149, or visit **anthem.com**.

### ***Convenient Payroll Deduction***

The State of Maine Employee Health & Benefits offers this voluntary vision plan to its employees, but makes no contribution towards this coverage. Premiums are paid through convenient payroll deduction – that means no monthly checkwriting, nor any lapse in coverage due to mail delays.

*\*In-network benefit allowance*

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**Visit our Web site for provider locations at [anthem.com](http://anthem.com)**

## Better vision... it's our business

More than 64 percent of working Americans wear eyeglasses or contact lenses, while over 80 percent of workers over the age of 44 need corrective eyewear to perform their jobs. The demand for vision care is increasing as more baby boomers enter middle age and need vision correction.

**Q. Why do I need to have an eye examination, especially if I haven't had a prescription change, or I don't have a vision problem?**

**A.** An eye examination is about more than getting a prescription. It includes an evaluation of your eye health and is critical in the early detection of several vision and health related conditions, including glaucoma, diabetes, cataracts, and hypertension. Because early detection is key for successful treatment, periodic eye examination plans play a vital role in ensuring the health of your eyes.

**Q. Will I save more with this vision care benefit, or with an eyewear coupon or other promotional offer?**

**A.** Take a few minutes to review your plan coverage. In almost every instance, you will find that your vision care plan delivers greater savings at more provider locations than a coupon or special offer. You can also use your benefit when it's convenient for you, without having to worry about coupon expiration dates or limited time offers. *(Please note: these vision benefits cannot be combined with any other discount coupons or promotional offers.)*

**Q. Will I need to obtain a claim form to receive services?**

**A.** No, with Anthem Vision, you do not need a claim form for covered services from network vision providers. Simply inform your provider that you are an Anthem Vision member when you make your appointment. Network providers will contact us to verify eligibility and plan coverage.

# About your Anthem Vision benefits

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Frequency of Benefits and Copayments		
	Anthem Vision Network Provider	Non-Anthem Provider
<b>Copayment:</b>		
Examination	\$15.00	N/A
Materials <i>(lenses and frames or contact lenses)</i>	\$15.00	N/A
<b>Plan Design: D</b>		
Vision Exam	24 months*	24 months*
Lenses	24 months*	24 months*
Frames	24 months*	24 months*
Contact Lenses	24 months*	24 months*
Benefits	Anthem Vision Network Provider	Non-Network Reimbursement
<b>Vision Exam</b>	100% after copayment	up to \$48.00
<b>Basic Lenses (Pair)**</b>		
Single Vision	100% after copayment	up to \$32.00
Bifocal	100% after copayment	up to \$47.00
Trifocal	100% after copayment	up to \$66.00
Progressives	Equal to Bifocal Amount <i>(Available at Preferred Pricing)</i>	
Lenticular	100% after copayment	up to \$88.00
<b>Frame</b>	Any frame up to a <b>\$120.00</b> retail value	up to \$52.00
<b>Contact Lenses*** - Elective</b>	<b>\$105.00</b> allowance	up to \$84.00
<b>Contact Lenses*** - Non-Elective</b>	100% after copayment	up to \$210.00

\* 24 months from last date of service.

\*\* Basic lenses include a choice of glass or plastic (CR39) lenses in single vision, bifocal or trifocal (FT 25-28); lenses up to 55 mm; and in all ranges of prescriptions.

\*\*\* Contact lenses are in lieu of lens and frame allowances.

# How to access your vision benefits

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1. For questions regarding your benefit coverage or to locate a provider you may contact our toll-free customer service number at (866) 768-5149, or visit **anthem.com**.
2. Schedule an appointment. Inform the provider's office that you are an Anthem Vision member.
3. You should pay any applicable copayment or payment for non-covered services directly to the provider's office at the time of service. The participating vision provider will submit claims on your behalf for all covered services and materials.

## SpecialOffers@Anthem<sup>SM</sup> on anthem.com

Discounts are available on additional vision services through **SpecialOffers@Anthem<sup>SM</sup>**. For a complete and updated listing, visit our Web site, **anthem.com**.

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All of the offerings in the SpecialOffers@Anthem program are continually being evaluated and expanded so the offerings may change. Any additions or changes will be communicated on our website, anthem.com. These arrangements have been made to add value to our members. Value-added services and products are not covered by your health plan benefit. Available discount percentages may change from time to time without notice. Discount is applicable to the items referenced.